

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

		Office of Campaign a	and Political Finance	PROBLEM SERVICE
Commonwe of Massachus				
		1 1		Town Clerk or Election Commission
Fill in Ro	eporting Period dates: Beginni	ng Date: 12/31/1	Ending Date:	9////7 P 2:2
Type of I	Report: (Check one)			FIRST STREET
8th day	y preceding preliminary 8th day pre	ceding election 30 c	lay after election year-en	d report dissolution
	Peter M. Murphy		CTE Peter	Murphy
Sc	Candidate Full Name (if applicable)	ict 4)	Joseph Vechlare	i i '
85	Office Sought and District		856 Armon S	Treasurer
	Residential Address		Committe Mailing	Address
E-mail:	pmurphy law Querizon. u		•	
Phone # (opt	ional): $4 3-26\lambda-875\lambda$	Phone	# (optional):	
	SUMMA	RY BALANCE INF	ORMATION:	
	SOMM	att bathatice iiti		
	Line 1: Ending Balance from pre-	vious report	14,77	
	Line 2: Total receipts this period	(page 3, line 11)	0	
	Line 3: Subtotal (line 1 plus line	2)	14,77	
	Line 4: Total expenditures this pe	eriod (page 5, line 14)	0	
	Line 5: Ending Balance (line 3 m	inus line 4)	14,77	
	Line 6: Total in-kind contribution	s this period (page 6)	0	
	Line 7: Total (all) outstanding lia	bilities (page 7)	0	
	Line 8: Name of bank(s) used:	United	Bauk	
I certify that I activity, inclu- finance activit	Committee Treasurer: have examined this report including attached schedulding all contributions, loans, receipts, expenditures, dity of all persons acting under the authority or on behalt the penalties of perjury:	sbursements, in-kind contributio	ns and liabilities for this reporting period	
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Ca	andidate: (check I box only)		
I certify t activity, o incurred	te with Committee and no activity independent of that I have examined this report including attached sol of all persons acting under the authority or on behalf of any liabilities nor made any expenditures on my behal	edules and it is, to the best of my of this committee in accordance v f during this reporting period.	with the requirements of M.G.L. c. 55. I h	
I certify t	te without Committee OR Candidate with indepent that I have examined this report including attached scientify, including contributions, team, receipts, expent finance activity of all persons active under the authors.	edules and it is, to the best of my ditures, disbursements, in-kind co	y knowledge and belief, a true and comple ontributions and liabilities for this reportir	ng period and represents the M.G.L. c. 55.
Signed under	the negatives of periury:	\ \	(Candidate's signature)	Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	N/A		
1			
	,		
Line 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)	-	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	D Line 10 should	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
]			
7			
Line 9: Total Receip	ts over \$50 (or listed above)		
	ots \$50 and under* (not listed above)		
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD	Ō	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	-			
_				

La company				
-				
			STATE OF THE STATE	
			1	
THE PARTY OF THE P				
The state of the s				
		1	<u> </u>	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		•		
	i	Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
-				
7.74				
J[Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	nder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	6

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				_
170				
				77
		Line 15: In-Kind Contributions		
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				O

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
				and the state of t
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0

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